

215050839
72696

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 3

2	Total Number of Vehicles	Local No./ District 121	Agency Case No. B5-112663	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1					
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 12/05/2015		TIME OF ACCIDENT 0832	STATE USE ONLY						
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0834	Amended						
B	41	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. CORNHUSKER HWY / S 56 - SUPERIOR			PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	12/09/2015					
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE					
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION							
V1/M	08	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
V2/M	01	MILES		N S E W	AND MILES	OF NEAREST CITY OR TOWN					
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
F	1	DRIVER LICENSE NO. G02157559			STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N	1	DRIVER SUSAN L WILBER			PHONE 402-450-1023	LOCAL NO.					
V2/N	2	DRIVER ADDRESS 5233 S 71ST ST, LINCOLN, NE 68516			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	12/11/1952				
G	4	OWNER SUSAN L WILBER			PHONE 402-450-1023	LOCAL NO.					
H	2	OWNER ADDRESS 5233 S 71ST ST, LINCOLN, NE 68516			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB480372				
V1/O	4	LICENSE PLATE PA NO. SXX318	YEAR 2013	MAKE Toyota	MODEL CAMRY	BODY STYLE 4 door Sedan	COLOR silver / chrome	ESTIMATED DAMAGE <input checked="" type="radio"/> TOALED \$			
V2/O	1	VEHICLE ID NO. (VIN) 4T4BF1FKXDR336079	TOWED TO CHARLESTON CT			TOWED BY CAPITAL TOWING	POLICY NO. 231 4907-D01-27N	INSURANCE COMPANY STATE FARM INSURANCE			
I	1	DRIVER LICENSE NO. G24001868			STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/P	1	DRIVER SCOTT I GROTH			PHONE 402-380-9188	LOCAL NO.					
V2/P	1	DRIVER ADDRESS 342 N LINCOLN ST, WEST POINT, NE 68788			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	05/10/1954				
J	01	OWNER CENTRAL CATHOLIC OF WEST POINT			PHONE 402-372-5416	LOCAL NO.					
V1/Q	1	LICENSE PLATE TE NO. 4195	YEAR 2002	MAKE International H	MODEL 300	BODY STYLE Bus (seats 15+	COLOR yellow	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 0			
V2/Q	4	VEHICLE ID NO. (VIN) 1HVBRA02B919297	TOWED TO			TOWED BY	POLICY NO. MAU003527500	INSURANCE COMPANY PREFERRED PROFESSION INSURA			
K	01	TOWED TO			TOWED BY	POLICY NO. MAU003527500	INSURANCE COMPANY PREFERRED PROFESSION INSURA				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.	
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.	
VEH. #	NAME			ADDRESS							
	LOCAL NO.			MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-112663

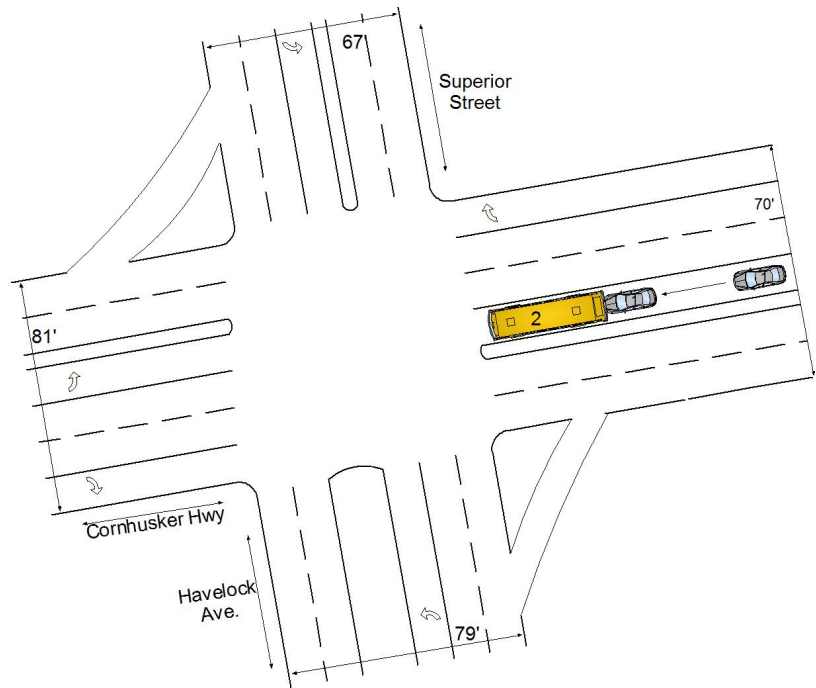


Indicate
North
by Arrow



POI:
approx 57' E of E edge of Havelock Ave
approx 43' S of N edge of Cornhusker Hwy

Bus had 10 student passengers aboard



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Groth, driver of veh 2 stated he was westbound on Cornhusker when he slowed and stopped for the traffic light in the left turn lane at Havelock. Wilber, driver of veh 1 stated she was westbound on Cornhusker behind veh 2 and began to slow for the traffic light. Wilber failed to stop and the front of her vehicle struck the rear of veh 2. Veh 2 is a school bus and had a total of 10 student passengers with no seatbelts.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2					VEH 1	VEH 2
1				X	CORNHUSKER			4				1	1
2				X	CORNHUSKER					2		1	1
1	01				06 Turning left	POINT OF IMPACT 01	POINT OF IMPACT 05	1 Deployed - front		1 None used - vehicle occupant		ALCOHOL TESTING	
2	11				08 Entering traffic lane	MOST DAMAGED AREA 01	MOST DAMAGED AREA 05	2 Deployed - side		2 Lap & shoulder belt used		Driver No. 1	
								3 Deployed - both front/side		3 Shoulder belt only used		Driver No. 2	
								4 Not deployed		4 Lap belt only used		Pedestrian	
								5 Not applicable/ No airbag available		5 Child safety seat used		ALCOHOL LEVEL TESTED	
								6 Unknown		6 Child booster seat used		N X N X N	
										7 DOT approved helmet used		BAC LEVEL	
										8 Costume helmet used		ALCOHOL/ DRUGS SUSPECTED	
										9 Restraint use unknown		Driver No. 1	
												1 1	
												Driver No. 2	
												1 1	
												1 Neither alcohol nor drugs suspected	
												2 Yes - alcohol suspected	
												3 Yes - drugs suspected	
												4 Yes - alcohol & drugs suspected	
												5 Unknown	

OFFICER NO. 1369	TROOP/ TEAM/ BEAT 4	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Chris Weber		INVESTIGATOR SIGNATURE Approved by Officer Chris Weber	DATE OF REPORT 12/09/2015

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State of Nebraska

Investigator's Supplemental Truck and Bus Accident Report

This form must be completed in **addition** to the DR Form 40, "Investigator's Motor Vehicle Accident Report," if any of the vehicles involved meet the criteria listed on the back of this form.

Sheet 3 of 3

LOCAL NO./DISTRICT 121		DATE OF ACCIDENT 12/05/2015	COUNTY Lancaster	CITY Lincoln	STATE USE ONLY	
AGENCY CASE NO. B5-112663		OCCURRED ON HIGHWAY/ROAD/STREET CORNHUSKER HWY / S 56 - SUPERIOR			Amended	
TRUCK / BUS - 1						
DRIVER (Print or type full name) SCOTT I GROTH			CARRIER IDENTIFICATION 1 U.S. DOT		1 ICC MC	
CARRIER NAME (Print or type full name) CENTRAL CATHOLIC OF WEST POINT			GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers)		<input checked="" type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.	
CARRIER ADDRESS (Street or R.F.D.) 532 E WALNUT ST, WEST POINT, NE 68788			CITY, STATE, ZIP			
TRAILER LICENSE PLATE No.		Year	State	VEHICLE CONFIGURATION (Check one)		CARGO BODY TYPE (Check one)
COMMERCE CLASSIFICATION (Check one) 3 <input checked="" type="checkbox"/> Not Applicable		TRUCK WIDTH (Widest part of truck or trailer) 1 <input checked="" type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		DRIVER'S LICENSE CLASS CODE C <input checked="" type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/>		
HAZARDOUS MATERIAL INVOLVED			2 <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input type="checkbox"/> Truck with Trailer 6 <input type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input checked="" type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)		1 <input type="checkbox"/> Bus (seats 9-15, including driver) 2 <input checked="" type="checkbox"/> Bus (seats 15+, including driver) 3 <input type="checkbox"/> Van/Enclosed Box 4 <input type="checkbox"/> Grain/Chips/Gravel 5 <input type="checkbox"/> Pole 6 <input type="checkbox"/> Cargo Tank 7 <input type="checkbox"/> Flatbed 8 <input type="checkbox"/> Dump 9 <input type="checkbox"/> Concrete Mixer 10 <input type="checkbox"/> Auto Transporter 11 <input type="checkbox"/> Garbage/ Refuse 12 <input type="checkbox"/> Other (Specify) 13 <input type="checkbox"/> Unknown	
Did vehicle have a Haz Mat Placard? 2 <input checked="" type="checkbox"/> No		Placard Information: 1-Digit Hazard Class Number from bottom of Diamond Placard. 1-Digit No.		Was hazardous cargo released? (Do not count fuel from fuel tank) 2 <input checked="" type="checkbox"/> No		
BUS USE 4 <input checked="" type="checkbox"/> School Bus 1 <input type="checkbox"/> Not a Bus 2 <input type="checkbox"/> Transit Bus 3 <input type="checkbox"/> Charter Bus 5 <input type="checkbox"/> Intercity Bus 6 <input type="checkbox"/> Not Reported 7 <input type="checkbox"/> Other						
TRUCK / BUS - 2						
DRIVER (Print or type full name)			CARRIER IDENTIFICATION 1 U.S. DOT		1 ICC MC	
CARRIER NAME (Print or type full name)			GROSS VEHICLE WEIGHT RATING (GVWR) or GROSS COMBINATION VEHICLE WEIGHT RATING (GCVWR) (Combined rating for vehicles and trailers)		<input type="checkbox"/> 10,000 Lbs. or Less (Requires Haz Mat Placards) <input type="checkbox"/> 10,001 Lbs. – 26,000 Lbs. <input type="checkbox"/> More than 26,000 Lbs.	
CARRIER ADDRESS (Street or R.F.D.)			CITY, STATE, ZIP			
TRAILER LICENSE PLATE No.		Year	State	VEHICLE CONFIGURATION (Check one)		CARGO BODY TYPE (Check one)
COMMERCE CLASSIFICATION (Check one) 3 <input type="checkbox"/> Not Applicable		TRUCK WIDTH (Widest part of truck or trailer) 1 <input type="checkbox"/> 96 inches 2 <input type="checkbox"/> 102 inches 3 <input type="checkbox"/> Other (Specify)		DRIVER'S LICENSE CLASS CODE C <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/>		
HAZARDOUS MATERIAL INVOLVED			2 <input type="checkbox"/> Single-Unit Truck (10,001–26,000 Lbs. GVWR) 3 <input type="checkbox"/> Single-Unit Truck (Greater than 26,000 Lbs. GVWR) 4 <input type="checkbox"/> Truck Tractor (bobtail) 5 <input type="checkbox"/> Truck with Trailer 6 <input type="checkbox"/> Tractor with Semi-Trailer 7 <input type="checkbox"/> Tractor with Doubles 8 <input type="checkbox"/> Tractor with Triples 9 <input type="checkbox"/> Unknown Heavy Truck 37 <input type="checkbox"/> Bus (seats 9-15, including driver) 38 <input type="checkbox"/> Bus (seats 15+, including driver) 39 <input type="checkbox"/> Haz Mat Passenger Car 40 <input type="checkbox"/> Haz Mat Light Truck (van, mini van, pickup, sport utility) (10,000 Lbs. or less GVWR)		1 <input type="checkbox"/> Bus (seats 9-15, including driver) 2 <input type="checkbox"/> Bus (seats 15+, including driver) 3 <input type="checkbox"/> Van/Enclosed Box 4 <input type="checkbox"/> Grain/Chips/Gravel 5 <input type="checkbox"/> Pole 6 <input type="checkbox"/> Cargo Tank 7 <input type="checkbox"/> Flatbed 8 <input type="checkbox"/> Dump 9 <input type="checkbox"/> Concrete Mixer 10 <input type="checkbox"/> Auto Transporter 11 <input type="checkbox"/> Garbage/ Refuse 12 <input type="checkbox"/> Other (Specify) 13 <input type="checkbox"/> Unknown	
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BUS USE 4 <input type="checkbox"/> School Bus 1 <input type="checkbox"/> Not a Bus 2 <input type="checkbox"/> Transit Bus 3 <input type="checkbox"/> Charter Bus 5 <input type="checkbox"/> Intercity Bus 6 <input type="checkbox"/> Not Reported 7 <input type="checkbox"/> Other						
INVESTIGATOR NAME (Print or type) Chris Weber		INVESTIGATOR SIGNATURE Approved by Officer Chris Weber		DEPARTMENT Lincoln Police Department		OFFICER NO. 1369
						DATE OF REPORT 12/09/2015